

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>1000167</i>	FILING DATE				
								CLAIMS					
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.	<i>2</i>		<i>2</i>		<i>2</i>		TOTAL IND.	<i>2</i>		<i>2</i>		<i>2</i>	
TOTAL DEP.	<i>8</i>		<i>8</i>		<i>8</i>		TOTAL DEP.	<i>8</i>		<i>8</i>		<i>8</i>	
TOTAL	<i>8</i>		<i>8</i>		<i>8</i>		TOTAL	<i>8</i>		<i>8</i>		<i>8</i>	